

MADISON COUNTY EMPLOYEE INFORMATION FORM

| | | |
|--|---|--|
| New Hire: <input type="checkbox"/> YES <input type="checkbox"/> NO | Updated Information: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for Update: | | |
| First Name: | M. I.: | Last Name: |
| Birthdate: | Gender: | SSN: |
| Marital Status: | Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO | Student: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Driver's License #: | Expiration Date: | |

EMPLOYMENT ELIGIBILITY VERIFICATION

| | |
|--|-----------------------------------|
| _____ A citizen of the United States | _____ A lawful permanent resident |
| _____ A noncitizen national of the United States | _____ An alien authorized to work |

| ETHNIC CATERORIES (Mark One) | MILITARY SERVICE |
|---|--|
| _____ Hispanic or Latino | Military Experience <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ White | Disabled Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ Black or African American (Non Hispanic or Latino) | Vietnam Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ Native Hawaiian/Pacific Islander (Non Hispanic or Latino) | Protected Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ Asian (Non Hispanic or Latino) | |
| _____ American Indian/Alaska Native (Non Hispanic or Latino) | |
| _____ Two or more races (Non Hispanic or Latino) | |

HOME ADDRESS, PERSONAL CONTACT

| | | |
|-----------------------------|--------------------|-------------|
| Home Address: | | |
| City: | State: | ZIP: |
| Home Phone: | Cell Phone: | |
| County of Residence: | E-Mail: | |
| Spouse's Full Name | | |
| Spouse's Employer | | |

DEPARTMENT/JOB INFORMATION

| | |
|-------------------------|-------------------|
| Work Department: | Job Title: |
|-------------------------|-------------------|

EMERGENCY CONTACT INFORMATION

| | |
|-----------------|----------------------|
| Name: | Relationship: |
| Phone #: | Other Phone#: |
| Name | Relationship: |
| Phone #: | Other Phone#: |

Employee Signature _____ **Date:** _____

**Some information used for EEOC reporting and/or Affirmative Action Purposes*